

FORM **2635** (REV. 11-03)

INSTRUCTIONS

"Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both" (301.420 RSMo).

- 1. This affidavit is to be completed only when you are making application for a duplicate certificate of title for a motor vehicle or trailer, which was originally titled in the State of Missouri between the years of 1948 and 1969.
- 2. Complete this form in full.
- 3. Submit this form to any Missouri Department of Revenue Branch or Agent office or mail to: MISSOURI DEPARTMENT OF REVENUE, DRIVER AND VEHICLE SERVICES, PO BOX 100, JEFFERSON CITY MO 65105-0100. If you have any questions, please call (573) 751-4509. Visit our web site at www.dor.mo.gov/mvdl

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CITY						STATE		ZIP CODE				
MOTOR V	/EHICL	E/TRAI	LER IN	FORMA	TION							
YEAR	MAKE		VEHICLE IDENTIFICATION NUMBER				MIL		LEAGE			
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					DAY OF							
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NOTARY PUBLIC EMBOSSER SEAL					COUNTY (OR CITY OF ST. LOUIS)							
					USE RUB	BER STAMP I	N CLE	AR A	AREA BELOW.			

MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
AFFIDAVIT OF OWNERSHIP

FORM **2635** (REV. 11-03)

TELEPHONE

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OWNER'S NAME (LAST, FIRST, MIDDLE)

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I hereby make application for duplicate title on the motor vehicle/trailer described below. I verify that the vehicle was last titled in the State of Missouri in my name and that the original title has been lost, stolen, mutilated, or destroyed.

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STREET ADDRE	SS, RR OR F	O. BOX NUM				COUNTY				
CITY							STATE		ZIP CODE	
MOTOR V	'EHICL	E/TRAI	LER IN	FORM <i>A</i>	TION					
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CYLINDER	H.P.	KIND OF VE	EHICLE	PREVIOUS TITLE NUMBER PREVIOU		PREVIOUS LICENSE	PREVIOUS LICENSE NUMBER		PURCHASE DATE (MO/DAY/YR)	
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CIAL					DAY OF					
NOTARY PUBLIC NAME (TYPE OR PRINT)				NOTARY PUB	NOTARY PUBLIC SIGNATURE			MY COMMISSION EXPIRES		
NOTARY PUBLIC EMBOSSER SEAL					COUNTY (OR CITY OF ST. LOUIS)					
					USE RUBBER STAMP IN CLEAR AREA BELOW.					

MO 860-1649 (11-03) MO 860-1649 (11-03)